

Mariners Village Condominium Unit Owners' Association, Inc.
Attn: Maureen Baker
1217 Graves Harbor Trail
Huddleston, VA 24104

REQUEST FOR APPROVAL OF ARCHITECTURAL CHANGE

Submit all requests for changes or additions to POA to the address listed above. Please attach any drawings and/or sketches that will aid in making a decision regarding your request.

PROPERTY OWNERS' NAME(S): _____

PROPERTY ADDRESS: _____ **UNIT NO.:** _____

TELEPHONE NUMBERS: Home # _____ **Work #** _____

Cell # _____ **EMAIL ADDRESS:** _____

1. Narrative description of the proposed unit and/or landscape improvement, change or addition. Cite materials and color(s), to be used. State similarities to existing structures as appropriate. Use a separate sheet of paper if necessary.

2. Please attach drawings to this request showing all proposed changes including relationships to existing structures, landscaping and property lines. Two drawings or more are needed to clearly show proposed improvements including but not limited to:
 - a. Plot Plan – “top down view” – the improvement should be drawn on a copy of your unit plan to show where the change will be placed.
 - b. Elevation(s) – “side, front, and rear view(s)” – one or more as necessary
 - c. Attach paint and/or material samples, if applicable.

3. Indicate whether an appropriately licensed and insured contractor will be used. _____

4. Estimated start and completion dates: _____

5. Reason(s) for requested change(s): _____

6. A building permit and inspection by the County of Bedford may be needed.

When the members of the Association Board of Directors, acting as the Architectural Review Committee, review this request, your neighbors have the right to comment and present views about your requested improvements. This is not for their approval; it is only to make them aware that there will be changes next door and provide them with an opportunity to voice their opinions.

Please note that the Architectural Review Committee has up to **30 days** to render a decision or respond with a request for more information in order to make a proper decision.

THIS FORM IS NOT COMPLETE WITHOUT ALL APPROPRIATE ATTACHMENTS AND SIGNATURES.



FOR ARCHITECTURAL COMMITTEE USE ONLY:

ID#: _____ **Date Received:** _____ **Received By:** _____

- Approved
- Conditional Approval
- Disapproved

COMMENTS: _____

Signed: _____ Date: _____

Title: _____, MVCUOA Board of Directors